

INDIVIDUAL INCOME TAX RETURN
SINGLE/MARRIED (ONE INCOME)VENDOR CODE
(Assigned by DOR)

SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER												
NAME (LAST) (FIRST) M.I. JR, SR		SPOUSE'S (LAST) (FIRST) M.I. JR, SR												
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.)		DECEASED IN 2004												
PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)		COUNTY OF RESIDENCE												
CITY, TOWN, OR POST OFFICE		SCHOOL DISTRICT NO.												
STATE		ZIP CODE												
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE. AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE <input type="checkbox"/> SPOUSE														
INCOME	1. Federal adjusted gross income from your 2004 Federal Forms 1040—Line 36; 1040A—Line 21; 1040EZ—Line 4; or TeleFile—Line 1		1	00										
	2. Any state income tax refund included in your 2004 federal income		2	00										
	3. Total Missouri Adjusted Gross Income — Subtract Line 2 from Line 1.		3	00										
DEDUCTIONS	4. Mark your filing status box below and enter the appropriate exemption amount on Line 4. <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> D. Married filing separate — \$2,100 <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 Check which spouse had income: <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500 <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse		4	00										
	5. Tax from federal return (Do not enter amount from your Form W-2(s) — 00 → Single—maximum of \$5,000; Married filing combined —maximum of \$10,000		5	00										
	6. Missouri standard deduction or itemized deductions. Single — \$4,850 ; Head of Household — \$7,150 ; Married Filing Separate — \$4,850 ; Married Filing a Combined Return or Qualifying Widow(er) — \$9,700 ; If claimed as a dependent, age 65 or older, or blind, see federal return. If itemizing, see back of form.		6	00										
	7. Number of dependents you claimed on your Federal Form 1040 OR 1040A, Line 6c (Do not include yourself or your spouse.) <input type="checkbox"/> x \$1,200 =		7	00										
	8. Long-term care insurance deduction		8	00										
	9. Total Deductions — Add Lines 4 through 8.		9	00										
	10. Missouri Taxable Income — Subtract Line 9 from Line 3.		10	00										
	11. Total Tax — Use the tax table on the back of this form to figure the tax.		11	00										
	PAYMENTS/REFUNDS	12. Missouri tax withheld from your Form W-2(s) and Form 1099(s). Attach copies of Form W-2(s) and Form 1099(s).		12	00									
13. Any Missouri estimated tax payments made for 2004		13	00											
14. Total Payments — Add Lines 12 and 13.		14	00											
15. If Line 14 (Total Payments) is more than Line 11 (Total Tax), enter the difference (amount of overpayment) here. (If Line 14 is less than Line 11, skip to Line 19.)		15	00											
16. Amount from Line 15 that you want applied to next year's taxes		16	00											
MAIL TO	17. Enter the amount of your donation in the trust fund boxes to the right. See the instructions for fund codes. <table style="display: inline-table; border: none; margin: 0 10px;"> <tr> <td style="text-align: center;"> Children's</td> <td style="text-align: center;"> Veterans</td> <td style="text-align: center;"> Elderly Home</td> <td style="text-align: center;"> Missouri National Guard</td> <td style="text-align: center;"> Workers' Memorial</td> </tr> <tr> <td style="text-align: center;">17 00</td> <td style="text-align: center;">00</td> <td style="text-align: center;">00</td> <td style="text-align: center;">00</td> <td style="text-align: center;">00</td> </tr> </table>		Children's	Veterans	Elderly Home	Missouri National Guard	Workers' Memorial	17 00	00	00	00	00	17	00
	Children's	Veterans	Elderly Home	Missouri National Guard	Workers' Memorial									
17 00	00	00	00	00										
18. Subtract Lines 16 and 17 from Line 15 and enter here. This is your refund. Sign below and mail to: Department of Revenue, P.O. Box 3222, Jefferson City, MO 65105-3222. REFUND		18	00											
SIGNATURE	19. If Line 14 is less than Line 11, enter the difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370. AMOUNT YOU OWE		19	00										
	The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.													
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.														
I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm.		PAID PREPARER'S PHONE												
SIGNATURE		DATE												
SPOUSE'S SIGNATURE		DATE												
PAID PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN												
PAID PREPARER'S ADDRESS AND ZIP CODE		DATE												

MISSOURI ITEMIZED DEDUCTIONS

- Complete this section only if you itemized deductions on your federal return. (See the instructions.)
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040, Line 39	1		00
2. 2004 (FICA) — Social security \$ _____ + Medicare \$ _____	2		00
3. 2004 Railroad retirement tax — (Tier I and Tier II) \$ _____ + Medicare \$ _____	3		00
4. 2004 Self-employment tax — Amount from Federal Form 1040, Line 30	4		00
5. TOTAL — Add Lines 1 through 4.	5		00
6. State and local income taxes — See instructions.	6		00
7. Earnings taxes included in Line 6 — See instructions.	7		00
8. Net state income taxes — Subtract Line 7 from Line 6, or enter Line 8 from worksheet in the instructions.	8		00
9. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 8 from Line 5. Enter here and on front of form, Line 6.	9		00

NOTE: IF LINE 9 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INSTRUCTIONS.

2004 TAX TABLE

If Missouri taxable income from Form MO-1040A, Line 10, is less than \$9,000, use the table to figure tax;
if more than \$9,000, use worksheet below or use the online tax calculator at www.dor.mo.gov/tax/personal/taxcalculator/

If Line 10 is			If Line 10 is			If Line 10 is			If Line 10 is			If Line 10 is			If Line 10 is			If Line 10 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238			
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243			
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248			
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253			
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258			
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263			
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268			
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274			
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279			
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285			
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290			
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296			
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301			
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307			
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312			

FIGURING TAX OVER \$9,000

	Yourself/Spouse	Example
Missouri taxable income (Line 10)	\$ _____	\$ 12,000
Subtract \$9,000	– \$ 9,000	– \$ 9,000
Difference	= \$ _____	= \$ 3,000
Multiply by 6%	x 6%	x 6%
Tax on income over \$9,000	= \$ _____	= \$ 180
Add \$315 (tax on first \$9,000)	+ \$ 315	+ \$ 315
TOTAL MISSOURI TAX	= \$ _____	= \$ 495

9,000 315
If more than \$9,000, tax is \$315 PLUS 6 percent of excess over \$9,000. Round to nearest whole dollar and enter on front of form, Line 11.

It is not necessary to complete the worksheet below if you chose to use state sales tax on Federal Schedule A, Line 5.

WORKSHEET — STATE AND LOCAL INCOME TAXES

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 36 is more than \$142,700 (\$71,350 if married filing separate). If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-6 of Federal Schedule A instructions).

1. Amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-6 of Federal Schedule A instructions.) If \$0 or less, enter "0".	1		00
2. Amount from Federal Itemized Deduction Worksheet, Line 9 (See page A-6 of Federal Schedule A instructions.)	2		00
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5	3		00
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5	4		00
5. Subtract Line 4 from Line 3.	5		00
6. Divide Line 5 by Line 1.	6		%
7. Multiply Line 2 by Line 6.	7		00
8. Subtract Line 7 from Line 5. Enter here and on page 2 of Form MO-1040A, Itemized Deductions, Line 8.	8		00